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Bib Data Sheet

CONFIRMATION NO. 7054

<b>SERIAL NUMBER</b> 09/788,315	<b>FILING DATE</b> 02/16/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 49563-1 (72021)
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**APPLICANTS**

Taeyoung Yoon, Guilford, CT;  
Ping Ge, Durham, CT;  
Raymond F. Horvath, Guilford, CT;  
Stephane DeLombaert, Madison, CT;  
Kevin J. Hodgetts, Killingworth, CT;  
Dario Doller, Wallingford, CT;  
Cunyu Zhang, Morrisville, NC;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/182,934 02/16/2000  
AND CLAIMS BENEFIT OF 60/206,455 05/22/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 06/05/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 162	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> May after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i>				

**ADDRESS**

21874

**TITLE**

Substituted arylpyrazines

<b>FILING FEE RECEIVED</b> 3556	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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